

## **Questions and Answers about New Medicaid Waivers for Georgia's Citizens with Developmental Disabilities**

The following are answers to questions posed at statewide public forums and by e-mail on the new Medicaid waivers for Georgia's citizens with developmental disabilities from September 2005 to April 2006:

1. What are the plans to change the management approach to services from "you choose what I offer" to a concierge type service?

It is completely up to individual service providers what they choose to offer, but those that do not already have their minds made up about what people with disabilities need will do quite well. These providers will develop customized, specific-to-the-individual services that save taxpayer money compared to the one-size-fits-all or program model services.

2. Many of those receiving services do not have family members or the individual abilities to advocate for themselves. How will they be best served and, more importantly, how do you separate providers from "advocates"?

Individuals require different kinds of advocacy to meet their multiple needs. Providers continue to have a role in advocating for the individuals who receive their services. A key objective of the new waivers is to increase community connections for individuals. As individuals become more connected to their communities, more people enter their lives to advocate for them and to assist them in developing self-advocacy skills.

3. Will "dental services" or other health care be structured similar to private health care savings programs? If not, why not?

Currently, Medicaid regulations do not permit the savings as in private health care savings programs. The Center for Medicaid and Medicare Services is presently funding grants in two states to explore the feasibility of such savings through Life Accounts.

4. What standards are in place for the individualized budgets – each agency has their own accounting system, etc. – what common accounting rules/system/practices will be in place? You may control disbursements to providers, but without accountability for expenditures from providers on a standard basis, you have only a façade of control.

We will have uniform rules and practices where needed and taxpayer funding utilization management for everyone. We will never attempt to micromanage or control how independent providers spend the money that they earn.

5. Will the dollars allocated to an individual be priced at some state/regional average? If so, with no infrastructure in a resource poor county, the dollars won't go far enough to provide the services.

At the beginning, we will use statewide rates. When reliable data on cost differentials for rural counties become available, we will consider funding formula changes that accommodate local costs.

6. Has anyone ever considered including the disabled population in the pool of employees offered health coverage by the firms bidding to handle state/federal employees?

At times, it has been considered, but no proposal has been adopted. It is assumed that health care for people with developmental disabilities would cost more than that of the average state/federal employee, but no study has confirmed the assumption to be true.

7. How will we avoid redirecting (yet again in Georgia) dollars meant to provide direct services to people with disabilities to “implementation” or checks and balances?

Concrete plan – Concrete \$\$ choices

We enjoy philosophy, but are much more interested in practical application.

In most cases it will be the family’s choice about where dollars are used. Families tend to favor direct services and have proven to be efficient stewards of the taxpayers’ dollars.

8. God willing, how long have you committed to the State of Georgia in order to implement these changes and what safeguards are you putting in place to protect these plans if government and political changes occur? (In jest)

I (Stephen Hall, Director, Georgia Office of Developmental Disabilities) am committed to the State of Georgia so long as we continue making progress on Olmstead implementation and quality improvement. Others in the Office of Developmental Disabilities are equally committed to Georgia’s citizens with developmental disabilities. The New Waivers require a three year commitment to change.

9. Just participated in “Support Intensity Scale” – rating system not flexible enough to give true picture of consumer.

While not perfect, the Supports Intensity Scale is the most valid and reliable assessment available so far.

10. We are talking improvements in services when current available services are not adequate – shortage of caregivers, support staff, poor pay scales, etc. Basic living needs are often not being met.

We believe these changes will go a long way towards addressing those concerns.

11. Will family members have to obtain guardianship of adults with mental retardation in order to make decisions (non-verbal individuals) regarding that individual’s future?

No. Absolutely not. Parents do not need a piece of paper to help their own children.

12. In connecting an individual to various options (clubs, churches, etc.) in the community, how will you address right to privacy, confidentiality and HIPAA regulations and provide positive experiences for both the individual with a disability and the community? (Example: person prone to behaviors such as inappropriate speech, sexual behavior, etc.)

Planning for connections to the community will be specific to the individual and consider basic human rights, including the right to privacy.

13. Today, hundreds of people with disabilities are already members of clubs, churches, etc. This is not a problem unless we want to apply government regulations unnecessarily.

We do not plan to apply government regulations to impede community connections but instead to implement the new waivers to enhance these connections and market driven, customer directed choices about community participation.

14. Excellent philosophy – history of poor practical application in Georgia.

The new waivers support practical application of the philosophy.

15. Private agencies “pick and chose” who to serve, courting those with more waiver money, refusing to serve less manageable consumers (higher risk). Discrimination (?)

New contract language will help alleviate any alleged discrimination practices.

16. What if the person (not family) desires to be in their “own” home/place?

Support coordinators assist in negotiating openly with individuals and families towards mutually satisfying outcomes.

17. Do transportation services figure into amount of funding for the individual’s waiver? (Maybe family can’t provide)

Participants have the option of using part of the individual waiver allocation on transportation services.

18. The people waiting for services – when can they expect the waiver for their needed services? 925 new resources last year. 1500 new resources this year.

We are moving in the right direction and will someday be ahead of the waiting lists.

19. I suggest this type information be mailed to parents/families of developmental disability for each student graduating or dropping out of school.

Good idea. We will do our best.

20. I've been providing services to people with developmental disabilities for 15 years. 15 years ago – we believed in the principles you are discussing today. Still do... and have struggled to provide supports in our communities. Trying to be the bridge over the barriers and stumbling blocks. When I read your memo you sent out when you first arrived in Georgia, I felt, Yes. I hope he stays. Maybe this is the vehicle we need to get us all to where we need to be – Alive and Well in Our Communities. Thanks, Lisa Sassaman, GARC.

Doing the right thing should not be so difficult. These changes will help.

21. Why – when a person is in an institution it costs 80K to serve per year, but when they leave institution to the community, they get 40K to be served? Hospitals keep other 40K? – with less people – not fair split with \$ - Be fair, if person leaves all \$ goes out of institution and to community.

Money Follows the Person (MFP) based on the person's specific individual need is a key benefit of the new waivers. All persons with developmental disabilities in state institutions will be assessed with the Supports Intensity Scale.

22. How much movement up or down – i.e., only needed minimum support – family crisis – illness etc. – and needs increase – Can more \$ be added?

If an individual's needs change, adjustments can be made.

23. Will most in need be addressed? Now it seems it is squeaky wheel getting new waivers – not elderly parents with agency parents – 14-21 year olds with active healthy parents with good jobs getting waivers – definitely NOT MOST IN NEED.

The new waivers adopt a new policy for selection of individuals for available waiver services.

24. Someone getting good amount of P.S. NOW i.e., 122 per day with SIS evaluation it is determined they do not need that much – Will their \$ be cut?

The Supports Intensity Scale, a statewide assessment of every person with a developmental disability, will help make our funding fair and equitable. Funding will match exact need. It will be fair so every one who has a particular need, whether it is high, low, really high, or really low, will get funding to match that need. Some will have their resource amount increased and some will have their resource amount decreased.

25. When will CSB's be required to be on level playing field with private providers? (i.e., always getting 3% raise yearly) Private providers have had no raise to staff in 2-3 years due to no rate increases – They should be equal or only provide services that a private provider cannot offer – state funds go to CSB and state funds go to institutions.

Inequitable funding is a problem being addressed in Georgia.

26. In view of the new waivers hopefully being approved, should I go ahead and apply for current Medicaid Waiver for my 17 year old MR daughter?

Yes.

27. Who do we contact to voice our input? Future life of waiver? Adult child lives at home – what if family dies – if the child needs more at a future date, can this be adjusted? Community caring – interaction – more meaningful, less loneliness. Friends.

To provide additional input, write the Office of Developmental Disabilities Director @srhall1@dhr.state.ga.us. If an individual's needs change at a future date, adjustments can be made.